

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018146

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 657

FILED JUN 11 1962

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph, Missouri		c. CITY OR TOWN St. Joseph, Missouri	
Length of stay in 1b 4 Months		Inside Limits Yes No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 11th and Belle Streets		d. STREET ADDRESS (If outside, give location) 1006 1/2 South 10th Street	
3. NAME OF DECEASED (Type or print) First Arthur Middle Hugh Last Smedley		4. DATE OF DEATH Month June Day 5 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH Aug. 11, 1907
9. AGE (last birthday) 54		IF UNDER 1 YEAR Months 54 Days 5 Hours 1 Min. 13	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction Labor Fore		10b. KIND OF BUSINESS OR INDUSTRY Feeney Const. Co.	
11. BIRTHPLACE (City and state or country) Gary, Oklahoma		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Alvie Smedley		13b. MOTHER'S MAIDEN NAME Theresa Gerken	
14. NAME OF HUSBAND OR WIFE Mr. Harry R. Smedley-Independence, Mo.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W. W. II	
16. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Anoxia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Suffocation DUE TO (c) Cave in of Excavation		INTERVAL BETWEEN ONSET AND DEATH At Once At Once	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Excavation caved in.	
20c. TIME OF INJURY Hour 1:45 p.m. Month, Day, Year June 5, 1962	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Dugdale Packing Co.		
20e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION St. Joseph, Buchanan, Missouri		
21. Intended the deceased from Viewed body , to June 5, 1962 Death occurred at 1:45 PM on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) S. E. Melaney M.D. - Baron	
22a. ADDRESS 214 Kirkpatrick Building St. Joseph, Missouri		22c. DATE SIGNED June 5, 62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 8, 1962	23c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	23d. LOCATION (City, town, or county) (State) Independence, Missouri
24. FUNERAL DIRECTOR Meierhoffer-Fleeman Inc., St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. June 7, 1962	
26. REGISTRAR'S SIGNATURE Mr. Clark Sandell			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

S. E. Melaney, M.D.

JUN 12 1962
JUN 19 1962
APR 9 1963

JUN 26 1962

JUN 28 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Raymond W. Thore

Licensed Embalmer No. 57 47

P. O. Address S. J. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.